

Case 1:23-cv-03253-PGG Document 5 Filed 04/20/23 Page 1 of 2

FOIA Summons IH form 4

4/17

UNITED STATES DISTRICT COURT
for the
Southern District of New York

Pro Publica, Inc.

Plaintiff)
)
)
)
v.)
National Institutes of Health Civil Action No. 23-CV-3253
)
)
Defendant)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

A lawsuit has been filed against you.

Within 30 days after service of this summons on you (not counting the day you received it) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeremy A. Kutner, Esq.
Sarah Matthews, Esq.
Pro Publica, Inc.
155 Avenue of the Americas
13th Fl.
New York, NY 10013

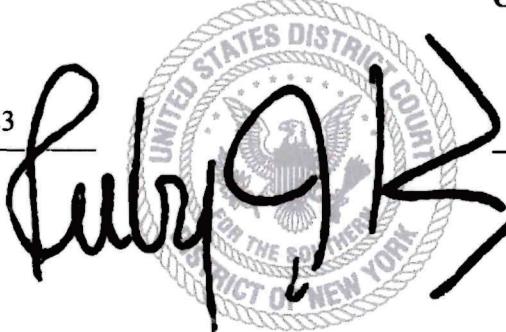
If you fail to respond, judgment by default may be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 4/20/2023

/S/ V. BRAHIMI

Signature of Clerk or Deputy Clerk



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FOIA Summons (12/11) (Page 2)

Civil Action No.

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) National Institutes of Health
 was received by me on (date) May 8th, 2023.

- ✓ I personally served the summons on the individual at (place) _____
 on (date) _____; or
- ✓ I left the summons at the individual's residence or usual place of abode with (name) _____,
 a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or
- ✓ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or
- ✓ I returned the summons unexecuted because _____; or
- ✓ Other (specify): I served a copy of the summons and complaint on National Institutes of Health via certified mail on May 8th, 2023. The United States Postal Service confirms delivery on May 12th, 2023. See Attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 5/18/23

Server's signature

Stanley Mah

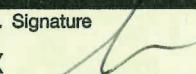
Printed name and title

155 Avenue of the Americas, 13th Floor NY NY 10013
Server's address

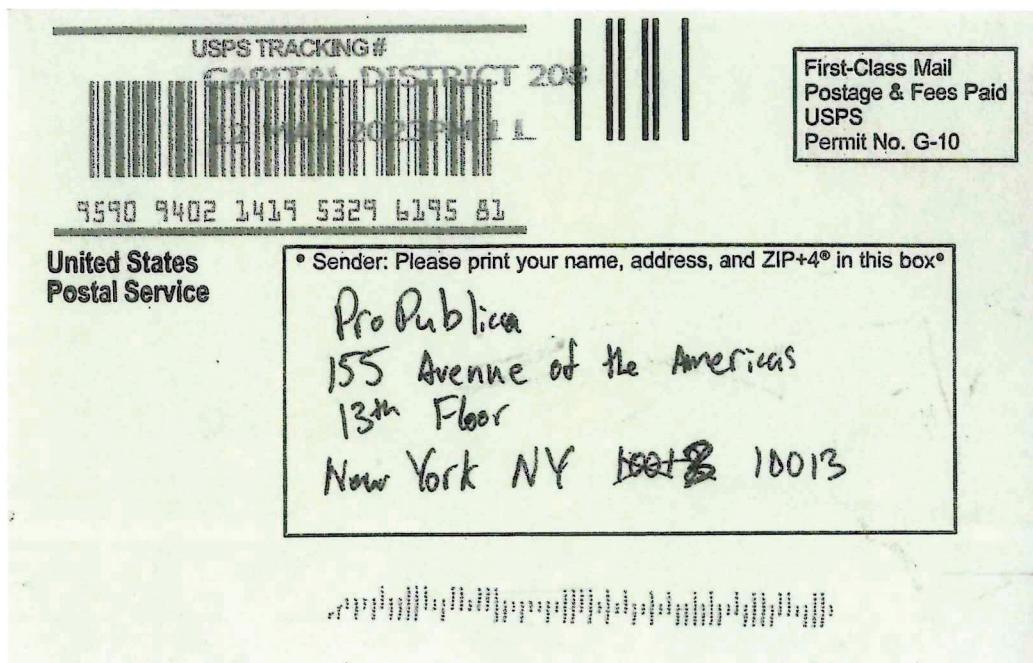
Additional information regarding attempted service, etc: Additional Copies were sent via certified mail on April 20th, 2023 to:

Merrick B. Garland
 United States Attorney General
 United States Department of Justice
 950 Pennsylvania Avenue, NW
 Washington D.C. 20530-0001
 The United States Postal Service confirms delivery on May 1st, 2023 and April 28th for 2023 respectively.

Civil Clerk
 Civil Division
 United States Attorney's Office
 86 Chambers Street, 3rd Floor
 New York, NY 10007

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  X</p> <p>B. Received by (Printed Name) <i>S. Marshall</i> C. Date of Delivery <i>5/12/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: <i>Attn: Civil Clerk Civil Division U.S. Attorney's Office 86 Chambers Street 3rd Floor New York, NY 10007</i> </p> <p> 9590 9403 0108 5077 2881 99 </p> <p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </p> <p> <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	
<small>PS Form 3811, April 2015 PSN 7530-02-000-9053</small>			
<small>Domestic Return Receipt</small>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> C. O. Reu <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. O. Reu</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: National Institute of Health 9000 Rockville Pike Bethesda, MD 20892</p> <p> 9590 9402 1419 5329 6195 81</p> <p>2. Article Number (Transfer from service label) 7021 2720 0003 0394 1836</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (\$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
Domestic Return Receipt			



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Postage \$1.74

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Total Postage and Fees \$4.24

\$

Sent To

Merrick B. Garland U.S. Attorney General US Dept of Justice

Street and Apt. No., or PO Box No.

950 Pennsylvania Avenue, NW

City, State, ZIP+4

Washington, DC 20530-0001

Postmark
Here

04/20/2023

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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Postage \$1.74

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Total Postage and Fees \$4.24

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Civil Clerk Civil Division U.S. Attorney's Office

Street and Apt. No., or PO Box No.

86 Chambers Street, 3rd Floor

City, State, ZIP+4

New York, NY 10007

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04/20/2023

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Postage \$1.74

\$

Total Postage and Fees \$4.24

\$

Sent To

National Institutes of Health

Street and Apt. No., or PO Box No.

6000 Rockville Pike

City, State, ZIP+4

Bethesda, MD 20892

Postmark
Here

04/20/2023

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

[FAQs >](#)**Tracking Number:**[Remove X](#)**70153010000025871486**[Copy](#)[Add to Informed Delivery \(https://informeddelivery.usps.com/\)](https://informeddelivery.usps.com/)

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Delivered, Individual Picked Up at Postal Facility

WASHINGTON, DC 20530

May 1, 2023, 5:01 am

Available for Pickup

GOVERNMENT MAIL ANNEX

3300 V ST

WASHINGTON DC 20018-1528

April 29, 2023, 10:49 am

Available for Pickup

GOVERNMENT MAIL ANNEX

3300 V ST

WASHINGTON DC 20018-1528

April 29, 2023, 10:43 am

Arrived at Post Office

WASHINGTON, DC 20018

April 29, 2023, 8:09 am

In Transit to Next Facility

April 28, 2023

Arrived at USPS Regional Destination Facility

WASHINGTON DC DISTRIBUTION CENTER

April 25, 2023, 12:05 pm

USPS in possession of item

NEW YORK, NY 10014

April 20, 2023, 3:27 pm

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